

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4-25-05</u>		2 Serial/Patent # <u>10/532803</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$100.00							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/c #:									
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>9</td><td>--</td><td>4</td><td>2</td><td>9</td><td>3</td></tr></table>			1	9	--	4	2	9	3
1	9	--	4	2	9	3					
<input type="checkbox"/> No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____									
SIGNATURE: <u>BXC</u>		PHONE: _____									
OFFICE: <u>PCT/DO/EO</u>		<small>Repln. Ref: 09/16/2005 BCAMPBEL 0020572900</small> <small>Pub. 194293 Name/Number: 10532803</small> <small>PC: 9204 ***** \$100.00 CR *****</small>									
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: